



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

DISEASE REPORTING: ESSENTIAL FOR DISEASE CONTROL

Prevention opportunities are often discovered when a single case or small a number of cases of disease are identified. Timely, accurate reporting of reportable diseases is crucial for public health workers to implement and evaluate disease control measures and detect outbreaks. All health care providers are required to report these diseases and conditions. This issue of *Montana Public Health* describes the disease reporting requirements in Montana and recent changes which became effective in September, 2006.

What diseases, conditions are reportable?

Reportable diseases in Montana are listed on page 2. (Table) All these conditions should be reported immediately; some by phone, as noted.

Who is required to report? Any person who knows or has reason to believe that a case of reportable disease exists shall report the required information to designated health authorities (ARM 37.114.201). Local health departments rely primarily on physicians, nurses and other health care professionals for this information. There is no need to worry about duplicate reports; if in doubt, report!

To whom must the disease be reported?

Reports should be submitted to your local health department via fax or telephone. Report forms can be obtained from your local health department. For a list of local health department contacts: <http://www.dphhs.mt.gov/PHSD/agencies/ph-agencies/local-ph-agencies.pdf>.

What information should be included about the patient when a case is reported?

At a minimum, the report must contain name, age, date of onset, date reported, status (confirmed/suspected), name/address of physician and a contact person. In addition to these requirements, it is important to report date of birth, sex, race, address and phone number if case follow-up by public health staff is necessary.

Should a clinician wait for laboratory confirmation before reporting to public health?

NO. It is important to report SUSPECTED, as well as confirmed cases so timely interventions can be initiated.

Are only diseases and conditions that are specified by name reportable to public health?

NO. Any occurrence in a community of a case of any disease in the most current edition of *Control of Communicable Diseases Manual* (1) with a frequency in excess of normal expectation or any unusual occurrence of unexplained illness or death in a human or animal should be reported.

Do HIPAA rules restrict or limit information reportable to public health?

NO. The HIPAA privacy rule allows for disclosure of patient health information "for public health activities and purposes". Montana Code Annotated (MCA 37-2-301) requires physicians and other health care practitioners to report diseases specified by DPHHS. In addition, the Government Health Care Information Act (MCA 50-16-530) allows the release of information, without patient consent, to public health authorities when such information is required by law.

What revisions have been made to the administrative rules for reporting (ARM 37.114)?

(1) Addition of rules specifying reporting and control requirements for chickenpox (varicella), smallpox and SARS; (2) changes to influenza, tick-borne relapsing fever, tularemia and spongiform encephalopathies that reflect concerns about epidemics, timely identification of infection sources or concerns about bioterrorism; (3) use of current terminology for isolation; (4) reference to current standards for the control and prevention of communicable diseases rather than reiterating these standards in the rules; (5) addition of specific control measures for vaccination of infants born to mothers who are positive for the hepatitis B surface antigen; and (6) HIV/AIDS reporting *directly to local health department*, rather than to the state.

Table: Reportable Diseases in Montana

AIDS / HIV Infection ¹	Meningitis, bacterial or viral
Amebiasis	Mumps
Anthrax ¹	Ornithosis (psittacosis)
Botulism (including infant botulism) ¹	Pertussis (whooping cough) ¹
Brucellosis ¹	Plague ¹
Campylobacter enteritis	Poliomyelitis ¹
Chancroid	Q-fever
Chickenpox (varicella)	Rabies or suspected human exposure ¹
Chlamydia genital infection	Reye's Syndrome
Cholera ¹	Rocky Mountain Spotted Fever
Colorado Tick Fever	Rubella (including congenital) ¹
Cryptosporidiosis	Salmonellosis
Cytomegaloviral illness	Severe Acute Respiratory Syndrome (SARS) ¹
Diarrheal disease outbreak ¹	Shigellosis
Diphtheria ¹	Smallpox ¹
<i>E. coli</i> enteritis, e.g., <i>E. coli</i> O157:H7	<i>Streptococcus pneumoniae</i> invasive disease
Encephalitis	Syphilis ¹
Gastroenteritis epidemic, food-borne illness	Tetanus
Giardiasis	Tick-borne relapsing fever
Gonococcal infection	Transmissible Spongiform Encephalopathies (e.g., Creutzfeldt-Jakob Disease)
Granuloma inguinale	Trichinosis ¹
<i>Haemophilus influenza</i> B invasive disease	Tuberculosis ¹
Hansen's disease (leprosy)	Tularemia
Hantavirus Pulmonary Syndrome ¹	Typhoid Fever ¹
Hemolytic Uremic Syndrome	Viral Hemorrhagic Fever
Hepatitis A, B and C (acute & chronic)	Yellow Fever
Influenza ²	Yersiniosis
Kawasaki disease	
Lead poisoning (≥ 10 ug/dl)	Illness in a foreign traveler
Legionellosis	<i>Any unusual illness or cluster of illnesses</i>
Listeriosis	
Lyme disease	
Lymphogranuloma venereum	Immediate by phone
Malaria	1 Lab specimen to DPHHS for confirmation
Measles (rubeola) ¹	2 Lab specimen to DPHHS first part of season

Specific requirements for reporting, investigation and control of specific conditions Administrative Rules of Montana <http://arm.sos.mt.gov/37/37-28771.htm>

Questions regarding disease reporting may be directed to your local health department or the state epidemiology program at (406) 444-0273. For more information: <http://www.dphhs.mt.gov/PHSD/epidemiology/commun-disease-epi-index.shtml>.

Reference: 1. Heymann, D (edit) Control of communicable diseases manual (18th edit). Am Public Health Assoc, Washington D.C., 2004

NOTE: The February issue of *Montana Public Health* will describe cervical cancer control in Montana.



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